Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number:

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CH-26055-IP (5/07) AR - SERFF Tr Num: MGCA-126662408 State: Arkansas

Cancer Benefit Plan

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 45885

- Limited Benefit Closed

Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: CH-26055-IP (5/07) AR State Status: Approved-Closed

Only 201007 AR CHESAPEAKE 15309

Filing Type: Rate Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei Disposition Date: 07/07/2010

Mordovine, Yan Yuan, Eliseo Rodriguez, David Beimesch, Tony Huang, Chanel Orallo, Sommay Khounlo, Ashley Toner, Jennifer

Schilb

Date Submitted: 06/07/2010 Disposition Status: Approved-

Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Project Number: Date Approved in Domicile:

Requested Filing Mode: Domicile Status Comments: Our state of

domicile is Oklahoma and does not require rate changes to be filed; therefore, no such rate

filing has been made in that state.

Explanation for Combination/Other: Market Type:

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 07/07/2010 Explanation for Other Group Market Type:

State Status Changed: 07/07/2010

Deemer Date: Created By: Chanel Orallo

Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number:

Submitted By: Chanel Orallo Corresponding Filing Tracking Number:

Filing Description:

The policy is designed to provide a lump sum benefit amount upon first diagnosis of cancer. The lump sum benefit amount is stated in the Policy Schedule.

Company and Contact

Filing Contact Information

David Beimesch, nrhact-comp@healthmarkets.com

9151 boulevard 26 817-255-3752 [Phone]

north richland hills, TX 76180

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma

9151 Boulevard 26 Group Code: 264 Company Type:
North Richland Hills, TX 76180 Group Name: State ID Number:

(817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

The Chesapeake Life Insurance Company \$50.00 06/07/2010 37032271

Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number:

Correspondence Summary

Dispositions

Status Created By Created On Date Submitted

Approved- Rosalind Minor 07/07/2010 07/07/2010

Closed

Objection Letters and Response Letters

Objection Letters			Response Letters			
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Mino	r 06/09/2010	06/09/2010	Chanel Orallo	06/09/2010	06/09/2010
Pending Industry Response	Rosalind Mino	r 06/08/2010	06/08/2010	Chanel Orallo	06/09/2010	06/09/2010

 SERFF Tracking Number:
 MGCA-126662408
 State:
 Arkansas

 Filing Company:
 The Chesapeake Life Insurance Company
 State Tracking Number:
 45885

Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number: /

Disposition

Disposition Date: 07/07/2010

Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 MGCA-126662408
 State:
 Arkansas

 Filing Company:
 The Chesapeake Life Insurance Company
 State Tracking Number:
 45885

Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number:

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document (revised)	Supporting Documents	Approved-Closed	No
Supporting Document	Supporting Documents	Replaced	No
Rate	CH-26055-IP (5/07) AR Rate Page	Approved-Closed	Yes

Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number:

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/09/2010 Submitted Date 06/09/2010

Respond By Date

Dear David Beimesch,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

If our Department approves the changes outlined in the Actuarial memorandum, please advise if the experience is going to be combined for rate increase purposes or will the experience be handled separately for the old rating and the new rating?

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number:

Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/09/2010 Submitted Date 06/09/2010

Dear Rosalind Minor,

Comments:

Thank you for reviewing our filing.

Response 1

Comments: The issue age and attained age rating pools will be monitored separately for future rate actions that may be needed.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

If our Department approves the changes outlined in the Actuarial memorandum, please advise if the experience is going to be combined for rate increase purposes or will the experience be handled separately for the old rating and the new rating?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for reviewing our filing.

Sincerely,

Ashley Toner, Chanel Orallo, David Beimesch, EDS EDSSupport, Eliseo Rodriguez, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo, Tony Huang, Yan Yuan

Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number:

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/08/2010 Submitted Date 06/08/2010

Respond By Date

Dear David Beimesch,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Since there are no insureds in Arkansas and since you are wanting to completely change the rating method along with the modal factor, direct billing fee, one-time application fee and commission rates, we suggest that you withdraw the original filing and submit a new filing incorporating these new changes.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number:

Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/09/2010 Submitted Date 06/09/2010

Dear Rosalind Minor,

Comments:

Thank you for reviewing our filing.

Response 1

Comments: After checking our inforce on this policy in Arkansas, we have found that there is currently 1 insured inforce. The Cover Letter and Actuarial Memorandum have been updated. We apologize for the error.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Since there are no insureds in Arkansas and since you are wanting to completely change the rating method along with the modal factor, direct billing fee, one-time application fee and commission rates, we suggest that you withdraw the original filing and submit a new filing incorporating these new changes.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

Satisfied -Name: Supporting Documents

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Company Tracking Number: CH-26055-IP (5/07) AR 201007 AR CHESAPEAKE 15309

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only

Limited Benefit

Product Name: CH-26055-IP (5/07) AR - Cancer Benefit Plan

Project Name/Number:

Thank you for reviewing our filing.

Sincerely,

Ashley Toner, Chanel Orallo, David Beimesch, EDS EDSSupport, Eliseo Rodriguez, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo, Tony Huang, Yan Yuan

Rate/Rule Schedule

Schedule Document Name: Affected Form Rate Rate Action Information: Attachments

Item Numbers: Action:*

Status: (Separated with

commas)

Approved- CH-26055-IP (5/07) AR CH-26055-IP New CH-26055-IP

Closed Rate Page (5/07) AR (507) AR (507)

07/07/2010 (A).pdf

CH-26055-IP (507) AR Rates

(I).pdf

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Cancer Benefit Policy CH-26055-IP (5/07) AR

Formula

Round(AgeSex x Base x Inflation x Tobacco, 0) x Lump Sum Benefit Factor

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 12 for annual premium rates.

Inflation
1.000000000

A billing fee of up to \$5 may be charged on direct bill modes. A onetime application fee of up to \$20 may be applicable.

Base	Factor
Base	1.000

Rates are for a \$10,000 lump sum benefit. Monthly rates for other amounts are determined by dividing the lump sum benefit by 10,000 (Lump Sum Benefit Factor) and multiplying by the rates.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	2.000

Age*	Factor	Gender	Adult/Dep
00	1.3700	Female	Adult
01	1.3600	Female	Adult
02	1.3600	Female	Adult
03	1.3600	Female	Adult
04	1.3500	Female	Adult
05	1.3500	Female	Adult
06	1.3400	Female	Adult
07	1.3400	Female	Adult
08	1.3400	Female	Adult
09	1.3300	Female	Adult
10	1.3300	Female	Adult
11	1.3200	Female	Adult
12	1.3200	Female	Adult
13	1.3200	Female	Adult
14	1.3100	Female	Adult
15	1.3100	Female	Adult
16	1.3000	Female	Adult
17	1.3000	Female	Adult
18	1.4400	Female	Adult
19	1.4900	Female	Adult
20	1.5400	Female	Adult
21	1.6600	Female	Adult
22	1.7100	Female	Adult
23	1.8200	Female	Adult
24	1.8500	Female	Adult
25	1.8800	Female	Adult

*Attained Age Rating

Age*	Factor	Gender	Adult/Dep
26		Female	Adult
27		Female	Adult
28		Female	Adult
29		Female	Adult
30		Female	Adult
31		Female	Adult
32		Female	Adult
33		Female	Adult
34		Female	Adult
35		Female	Adult
		Female	
36			Adult
37		Female	Adult
38		Female	Adult
39		Female	Adult
40		Female	Adult
41		Female	Adult
42		Female	Adult
43		Female	Adult
44		Female	Adult
45		Female	Adult
46		Female	Adult
47	4.4300	Female	Adult
48	4.4500	Female	Adult
49	4.4800	Female	Adult
50	4.8200	Female	Adult
51	4.7700	Female	Adult
52	4.8300	Female	Adult
53	4.8800	Female	Adult
54	4.9300	Female	Adult
55	5.3200	Female	Adult
56	5.6600	Female	Adult
57	5.9800	Female	Adult
58	6.3000	Female	Adult
59	6.6400	Female	Adult
60	6.9600	Female	Adult
61	7.3000	Female	Adult
62	7.7100	Female	Adult
63	8.1100	Female	Adult
64	8.5400	Female	Adult
00	1.5800	Male	Adult
01	1.5700	Male	Adult
02	1.5700	Male	Adult
03	1.5700		Adult
04	1.5600	Male	Adult
05	1.5600	Male	Adult
06	1.5500	Male	Adult
07	1.5500	Male	Adult
08	1.5400		Adult
09	1.5400		Adult
10	1.5300		Adult
11	1.5300		Adult
12	1.5200		Adult
	,		1 11 1

Age*	Factor	Gender	Adult/Dep
13	1.5200		Adult
14	1.5100		Adult
15	1.5100		Adult
16	1.5100		Adult
17	1.5000		Adult
18	1.6700		Adult
19	1.7200		Adult
	1.7700		
20	1.9000		Adult
21			Adult
22	2.0200		Adult
23	2.0500		Adult
24	2.0700		Adult
25	2.0900		Adult
26	2.1800		Adult
27	2.4000		Adult
28	2.5400		Adult
29	2.7700		Adult
30	2.9200		Adult
31	3.0700		Adult
32	3.2500	Male	Adult
33	3.4100	Male	Adult
34	3.5700	Male	Adult
35	3.7100	Male	Adult
36	3.9200	Male	Adult
37	4.1200	Male	Adult
38	4.3100	Male	Adult
39	4.4800	Male	Adult
40	4.7600	Male	Adult
41	4.9100	Male	Adult
42	5.0000	Male	Adult
43	5.0800	Male	Adult
44	5.1500	Male	Adult
45	5.3500	Male	Adult
46	5.4200	Male	Adult
47	5.4700	Male	Adult
48	5.5000	Male	Adult
49	5.5100	Male	Adult
50	5.5900	Male	Adult
51	5.5300	Male	Adult
52	5.6800	Male	Adult
53	5.8100	Male	Adult
54	5.9500	Male	Adult
55	6.2800	Male	Adult
56	6.7300		Adult
57	7.1700		Adult
58	7.6300		Adult
59	8.0900		Adult
60	8.5600		Adult
61	9.0200		Adult
62	9.5000		Adult
63	10.0000		Adult
64	10.5200		Adult
O-7	10.0200	iviaic	, tuuit

Age*	Factor	Gender	Adult/Dep
-	1.0700	Female	Dep Child
-	0.9600	Male	Dep Child

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Cancer Benefit Policy CH-26055-IP (5/07) AR

Formula

Round(AgeSex x Base x Inflation x Tobacco x Lump Sum Benefit Factor,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 12 for annual premium rates.

Inflation
1.000000000

A billing fee of up to \$5 may be charged on direct bill modes. A onetime application fee of up to \$20 may be applicable.

	Base	Factor
Base		1.000

Rates are for a \$10,000 lump sum benefit. Monthly rates for other amounts are determined by dividing the lump sum benefit by 10,000 (Lump Sum Benefit Factor) and multiplying by the rates.

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	2.000

Factor	Gender	Adult/Dep
1.4400	Female	Adult
1.5900	Female	Adult
1.6600	Female	Adult
1.7300	Female	Adult
1.8700	Female	Adult
1.9400	Female	Adult
2.0700	Female	Adult
2.1100	Female	Adult
2.1600	Female	Adult
	1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4400 1.4900 1.	Factor Gender 1.4400 Female 1.5900 Female 1.5900 Female 1.7300 Female 1.8700 Female 1.9400 Female 1.9400 Female 2.0700 Female 2.1100 Female 2.1100 Female 2.1600 F

*Issue Age Rating

Age*	Factor	Gender	Adult/Dep
26	2.3100	Female	Adult
27		Female	Adult
28		Female	Adult
29		Female	Adult
30		Female	Adult
31		Female	Adult
32		Female	Adult
33		Female	Adult
34		Female	Adult
35		Female	Adult
36		Female	Adult
37		Female	Adult
38		Female	Adult
		Female	Adult
39			
40		Female	Adult
41		Female	Adult
42		Female	Adult
43		Female	Adult
44		Female	Adult
45		Female	Adult
46		Female	Adult
47		Female	Adult
48		Female	Adult
49		Female	Adult
50		Female	Adult
51	6.3900	Female	Adult
52		Female	Adult
53	6.7500	Female	Adult
54	6.9300	Female	Adult
55	7.6000	Female	Adult
56	7.7400	Female	Adult
57	7.8400	Female	Adult
58	7.9400	Female	Adult
59	8.0500	Female	Adult
60	8.1300	Female	Adult
61	8.2300	Female	Adult
62	8.3900	Female	Adult
63	8.5400	Female	Adult
00	1.6600	Male	Adult
01	1.6600	Male	Adult
02	1.6600	Male	Adult
03	1.6600	Male	Adult
04	1.6600	Male	Adult
05	1.6600	Male	Adult
06	1.6600	Male	Adult
07	1.6600	Male	Adult
08	1.6600	Male	Adult
09	1.6600		Adult
10	1.6600		Adult
11	1.6600		Adult
12	1.6600		Adult
13	1.6600		Adult
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Age*	Factor	Gender	Adult/Dep
14	1.6600		Adult
15	1.6600	Male	Adult
16	1.6600		Adult
17	1.6600		Adult
18	1.8500		Adult
19	1.9200		Adult
20	1.9900		Adult
21	2.1400		Adult
22	2.2900		Adult
23	2.3400		Adult
24	2.3700		Adult
	2.4000		Adult
25	2.4000		
26			Adult
27	2.7900		Adult
28	2.9600		Adult
29	3.2400		Adult
30	3.4400		Adult
31	3.6300		Adult
32	3.8600		Adult
33	4.0800		Adult
34	4.2900		Adult
35	4.4800	Male	Adult
36	4.7600	Male	Adult
37	5.0200	Male	Adult
38	5.2800	Male	Adult
39	5.5200	Male	Adult
40	5.8900	Male	Adult
41	6.1100	Male	Adult
42	6.2600	Male	Adult
43	6.3900	Male	Adult
44	6.5100	Male	Adult
45	6.8000	Male	Adult
46	6.9200	Male	Adult
47	7.0200	Male	Adult
48	7.1000	Male	Adult
49	7.1500	Male	Adult
50	7.3800		Adult
51	7.4100	Male	Adult
52	7.7200		Adult
53	8.0400		Adult
54	8.3500		Adult
55	8.9700		Adult
56	9.2100		Adult
57	9.4000		Adult
58	9.6100		Adult
59	9.8000		Adult
60	10.0000		Adult
61	10.1600		Adult
62	10.3400		Adult
63	10.5200		Adult
00		Female	
-			Dep Child
-	1.0100	iviaie	Dep Child